

2010 City of GALLATIN HOME Grant

Homeowner Application

This application is for a home rehabilitation grant. A completed application consists of the fill-in form and the documents requested below. Applications must be received by the deadline listed in order to be considered. Applications received after the deadline will be saved but will only be considered if there are not enough eligible applicants from the group of applications received on time. An information sheet about the grant is attached.

Application deadline is 4:30 p.m., October 28th, 2010

***Please submit the following with this application:**

- **Proof of ownership in the form of a warranty deed or a 99-year leasehold.**
- **Income verification for all members of the household in the form of: Copy of either two (2) paycheck stubs or a copy of your yearly benefit statement from Social Security and/or a copy of two (2) benefit checks and a copy of your most recent tax return.**
- **Copy of most recent PAID property tax receipts.**
- **Doctors Statement for reason of disability (for those under 62).**
- **Mortgage information including phone number.**

*** If these items are not included, your application for assistance will not be considered.**

Send applications to:

**Greater Nashville Regional Council
501 Union Street, 6th Floor
Nashville, TN 37219**

Questions? Contact Charlotte Tugwell at Greater Nashville Regional Council (GNRC) at 615-880-3906.

Date and save this sheet for your records: _____

2010 HOMEOWNER APPLICATION/CITY OF GALLATIN

1. Head of Household: _____ 2. DOB: _____

3. SSN: ____-____-____ 4. Address: _____

5. City: _____ 6. State: _____ 7. Zip: _____ 8. Phone: ____-____-____

9. Marital Status: _____ 10. Spouse: _____ 11. DOB: _____

12. SSN: ____-____-____

Persons living with you	Relationship	DOB	Sex	SSN
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____

13. Is any resident of your home handicapped or disabled? Yes/ No

If yes, explain: _____

14. Is any resident of your home related to any individual who is employed by the local government or agency administering this grant? Yes/ No

If yes, explain: _____

15. Please list any assets you have other than your home, household items, or family automobile, that exceeds \$5,000.00 in value. (List assets for each resident separately):

16. What is the annual income of each resident of your household? ((List income for each resident separately and include total income of household):

17. What is the age of your home? _____

18. How many bedrooms? _____

19. How many bathrooms? _____

21. When did you acquire your home? _____

21. On a scale of one to ten how would you rate the condition of your home. (1=good condition, 10=condemnable) _____ Please list all the repairs that you know are needed in your home: _____

22. To the best of my knowledge, I certify that the information in this application for federal assistance through the HOME program is true and correct. I further certify that the address listed is my principal residence. I will comply with the HOME program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Applicant

Date

Applicant

Date